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How effective is the recruitment of temporary contract nurses in improving service provision and nurse retention in rural Nepal?

Dr Joanna Morrison, Ms Rita Thapa, Ms Regina Basnyat, Nick Simons Institute, Kathmandu, Nepal
Dr Neha Batura, Dr Jolene Skordis-Worrall, Institute for Global Health, University College London, UK

ENHANCING RURAL HEALTHCARE

Background

The shortage of health workers in rural areas is a global problem that is more acute in low-income countries. These countries have a higher disease burden, and retention of health workers in rural areas is affected by internal and international migration.

In rural Nepal, improving maternal and newborn survival depends on recruiting and retaining Auxiliary Nurse Midwives and Staff Nurses with Skilled Birth Attendant training. To improve access to maternal health services, the Government of Nepal is encouraging Districts and Health Facility Management Committees (HFMCs) to recruit nurses on temporary contracts. Financial support and basic guidelines have been made available for District Health Offices(DHOs) to enable nurse recruitment.

Supporting locally appropriate recruitment may increase the retention of nurses in rural areas. Yet the extent of local recruitment and its effect on health service provision is largely unknown. Our study describes the effect of contract nurse recruitment on service provision and retention; what motivates nurses; and the factors affecting nurse recruitment.

Data collection

- Districts in western Nepal with high numbers of contract nurses (Dailekh & Kailali), and a district with low numbers of contract nurses (Banke) were sampled.
- Qualitative and quantitative data were collected from April to July 2013 in 13 Sub Health Posts, 29 Health Posts, 10 Primary Health Centres, and 4 hospitals.
- 137 nurses participated. 63 were permanent nurses, 41 were DHO contracted nurses, and 33 were HFMC contracted. 78 nurses from Dailekh and Banke also had qualitative interviews.
- 25 health facility in-charge interviews, 30 HFMC discussions, 31 women's group discussions, and 11 District and central level interviews were conducted.

Characteristics of nurses by type of contract

	GoN permanent contract 63 (%)	DHO temporary contract 41 (%)	HFMC temporary contract 33 (%)
Unmarried	2 (5)	**23 (56)**	7 (21)
18-25 yrs old	3 (5)	**30 (73)**	12 (36)
Lives with family	**51 (81)**	21 (51)	21 (64)
Local	33 (52)	22 (54)	**26 (79)**
Upper caste	44 (70)	29 (71)	**20 (61)**

Rural health service provision

- In 77% of health facilities where there were permanent and contract nurses, contract nurses conducted more deliveries than permanent nurses.
- Local management of contract nurses enables 24 hour maternity services.
- Locally recruited nurses with a local connection find it easier to stay and provide care.
- Contract nurses had less leave and tended to work 24 hours seven days a week, and therefore had higher attendance in the health facility.
- Shift working was uncommon even when there was more than one nurse in a health facility.
- Community women were happy with the positive changes brought about by having a contract nurse, and were happy with the care they received.
- Contract and permanent nurses had comparable skill levels, and all nurses would benefit from more experience and support.

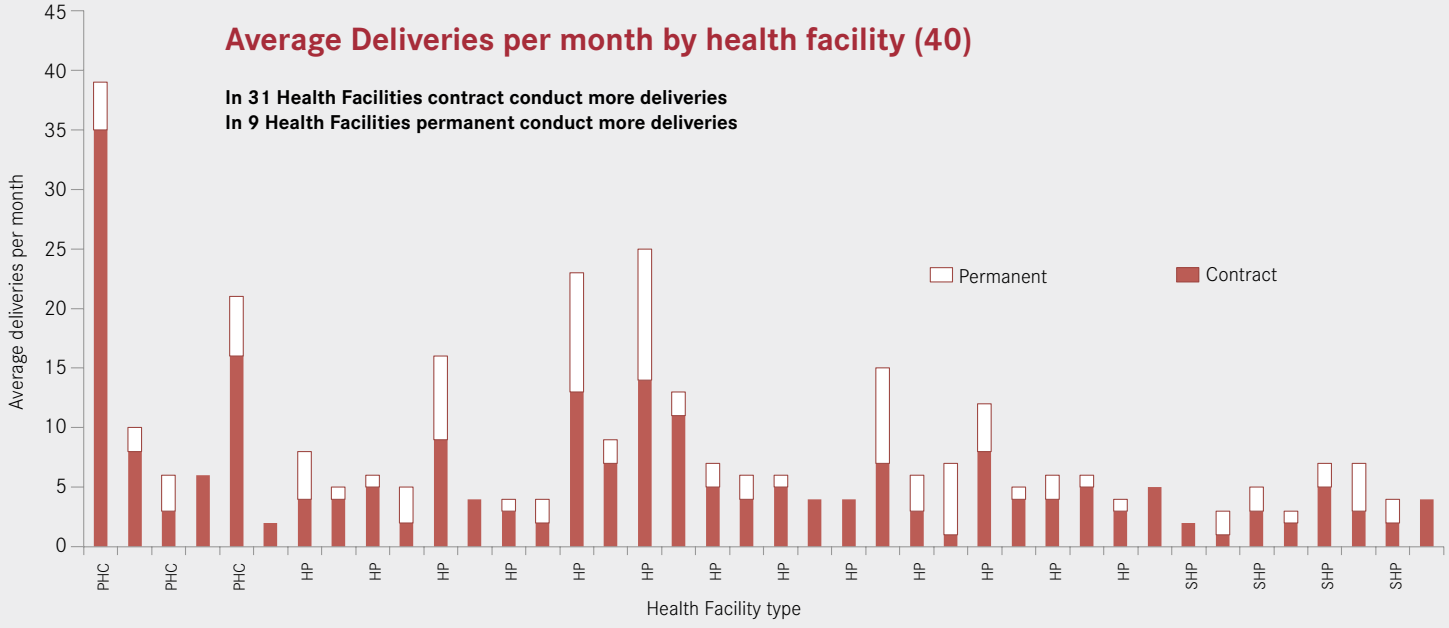
***"Although there are three nurses in the health facility, we always find only one (temporary)nurse...she works very well. She loves women and she is skilled too."* (women's group)**

***"It appears that the temporary nurse has been working more than the permanent nurse. She contributes more and she goes everywhere, she never says no if we ask for something."* (in-charge)**

***"24 hour delivery services are available since the arrival of the new (temporary) nurse ...she stays here and doesn't take leave. The permanent nurse who used to work here didn't stay for a long time. She would stay for one or two days and then take leave."* (HFMC)**

Average Deliveries per month by health facility (40)

In 31 Health Facilities contract conduct more deliveries
In 9 Health Facilities permanent conduct more deliveries



Nurse motivation

- Communities, HFMCs and in-charges perceived contract nurses to be more motivated or equally as motivated as permanent nurses.
- Contract nurses were motivated by their inexperience, keenness to retain skills and job insecurity.
- Contract nurses felt de-motivated by inequalities in pay, and terms and conditions.
- All nurses were motivated by an enabling environment, being appreciated by supervisors, colleagues and communities, having community support, feeling a part of the community, and feeling safe.

"We can do vacuum delivery and if there is an incomplete abortion then we can provide services. That is why I enjoy working here" ***(Snr ANM)***

"Women are happy with my service. I like that."
(Snr ANM)

"Because this place is my own community and the health facility is nearby my home, it's easy to work here...I know all the communities here...the language and culture are familiar, and there is understanding within this co-operative community" ***(ANM)***

"When you are on a temporary contract, you feel afraid and insecure in your job. You keep thinking about how to make all the health facility staff happy. You also feel like showing them your best work performance to get your contract renewed again and again."
(contract ANM)

"I wish the salary was equal to the work we have been doing...we work equally." ***(contract ANM)***

"The salary is low...the food is expensive here. If the salary was a bit better it would be easier to live here."
(contract ANM)

Nurse retention

- Retention (turnover) for all three districts was calculated by dividing the number of nurses leaving a health facility by the average number employed, multiplied by 100. In 2012/3 contract nurses had a higher turnover rate (27%) than permanent nurses (16%).
- Of nurses who started working as a contract nurse, 25% moved because they got a permanent job, and 24% got another contract job.
- 57% of permanent nurses moved because they requested a transfer for family reasons.
- Only 20% of District recruited nurses, and 20% of HFMC recruited nurses intended to leave the health facility in the following 12 months.
- Although 40% of contract nurses had worked in the same health institution for more than one contract period, most said they would leave if they were able to get a permanent job.
- While terms and conditions are unequal, contract nurses are unlikely to be retained for longer periods, even if multi-year contracting is put in place.

"If my contract gets extended I will continue working here as I am familiar with the community here. I would prefer to keep working here rather than look for another contract job in another place" ***(contract ANM)***

"I am not planning to leave this community (but) if I got the opportunity to have a permanent contract then I would feel differently" ***(contract ANM)***

Recruitment of contract nurses

- There was a high demand for jobs.
- Inability of DHOs and HFMCs to issue multi-year contracts resulted in job insecurity and delayed salary payments to nurses.
- HFMCs are meant to cover the salary of DHO recruited nurses but often they do not have sufficient resources to do this.
- Guidelines for District recruitment of nurses exist, but detail and reference to HFMC recruitment is missing.
- HFMCs were subject to political pressure in recruitment.
- HFMCs were not usually working to capacity. Financial barriers and lack of decentralised management affect HFMC functionality.

"We are not sure when the budget will be available after mid July. I don't know when it will come. How can we employ a nurse continuously for that period?" ***(in-charge)***

"Mainly (political pressure) comes when we have to appoint staff...someone will say to appoint one person, another will say to appoint another and we have problems knowing who to follow." ***(HFMC)***

"Although HFMCs raise their voice...and want to punish staff, they cannot do anything...(because) staff get their salary through the district." ***(District stakeholder)***

Key findings

- Contract nurses worked longer hours and conducted more deliveries than permanent nurses
- HFMC nurses were more likely to be from the local area. Nurses with local connections found it easier to work and live in rural areas, and were motivated to serve their local area.
- Contract nurses were motivated by their inexperience, keenness to learn and job insecurity, and communities appreciated contract nurses and the increased availability of services. Poor remuneration was demotivating over time.
- Many contract nurses stay longer than one contract period. Retention in remote health facilities would improve with multi year contracting and improvement of terms and conditions.

Implications

- Contracting should be continued and encouraged.
- The health service should capitalise on the motivation and enthusiasm of contract nurses, through establishing an enabling environment and ensuring skill maintenance and development for all nurses.
- Where there is more than one nurse, health facilities should explore the operation of a shift system to ensure fair working hours.
- Contract and permanent nurses should receive equal pay and terms and conditions. Long-term retention of contract nurses can only be a possibility if equality is achieved.
- Guidelines for HFMC recruitment should be developed, and guidelines for DHO recruitment should be more detailed.
- Multi-year contracting is necessary, for a maximum of 2 years with the option to renew a nurse's contract without re-advertisement if they score well in a performance review.
- In-charges and HFMCs should be enabled and encouraged to conduct performance reviews of all staff and health facilities, with reporting to the district, and district follow-up support.

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NSI Nick Simons Institute

Nick Simons Institute
P O Box 8975, EPC 1813
Sanepa, Lalitpur
Phone: 555 1978
Email: nsi@nsi.edu.np
Web: www.nsi.edu.np

UCL

University College London
30 Guilford Street, London
WC1N 1EH www.ucl.ac.uk/igh